

**State of Vermont
Division of Disability and Aging Services
TBI Program**

CASE MANAGEMENT REPORTING LOG

Instructions: One form for each consumer is to be utilized monthly for documentation of the time spent in performing case management activities. The documentation in most instances can be brief or when necessary a separate sheet can be attached for a detailed report.

Consumer: _____ **SSN:** _____
Case Manager: _____ **Provider Agency:** _____

Date	Time Spent	Type of Contact	Contact Results	Initials

TOTAL TIME PER FORM: _____